PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

		.,,,,,				-3			- F- F-			
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.												
U.	U.S. Parent Application or PCT Parent Number					Parent Filing Date (MM/DD/YYYY)				nt Patent N <i>(if applicab</i>		
Number						-						
	·											
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.												
		ereby appoint the following										
		a day of the same takes and	Customer Numb		203				<b>-</b> [	Place Custo	mer	
			AND							Number Bar Label her		
		<u> </u>	Registered prac		name/re	gistratio	on number ils	tea pero	<u>w                                    </u>		tration	
	Name	<b>)</b>	Num			Name					nber	
Henry G.	Kohlr	nann	26, 672									
Marlene I			43,718				ē					
Iviariene i	XICIII		73,710									
Additional	registered	practitioner(s) named o	n supplemental	Registered	Practit	ioner In	formation she	et PIO	SB/02C	attached here	to.	
Direct all correspondence to: Customer Number or Bar Code Label					ondence addi	ess below						
Name	Henr	enry G. Kohlmann										
Address	Snell	&Wilmer										
Address	1920	Main Street, Suite 1200										
City	Irvin				Sta		CA	ZIP				
Country	US		Telephon	e (949)	253	-2737	7	Fax (949) 955-2507			7	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
Name of Sole or First Inventor:												
Given Name (first and middle [if any])					Family Name or Surname							
Sean					Slavin							
Inventor's Signature						, ,		Date	व्यरमिद			
Residence: City		Dana Point	State	CA	Co	untry	USA			Citizenship	US	
Post Office A												
Post Office Address												
City Dana Point State		CA	ZIP	92629		Col	untry USA					
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto												

Please type	a plus	sign (+)	inside this	box →	$\lfloor \pm \rfloor$
-------------	--------	----------	-------------	-------	-----------------------

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

## **ADDITIONAL INVENTOR(S)** Supplemental Sheet Page 3 of 3

		•										
Name of Additional Joint Inventor, if any:									entor			
Given Nar	Given Name (first and middle [if any])					Family Name or Surname						
Jay S.					Cook							
inventor's Signature Co			ok					Date /		0/29/99		
Residence: City	Trabuco Canyon	State	CA	Co	untry	USA	.	Citizensi	nip   [	JS		
Post Office Address	17 Greenspring											
Post Office Address												
City	Trabuco Canyon	State	CA	z	IP I	92679	Country	US	A			
Name of Additional Joint Inventor, if any:												
Given Name (first and middle [if any]) Family Name or Surname												
Hatem K.				El-Sabaaly								
Inventor's Signature	Albu						Da	Date /o/V				
Residence: City	Lake Forest	State	CA	Co	untry	USA		Citizer	ship	US		
Post Office Address	25422 Trabuco #	105-1	95		***							
Post Office Address												
City	Lake Forest	State	CA		ZIP	92630	Coun	try	USA			
Name of Additional Joint Inventor, if any:												
Given Name (first and middle [if any]) Family Name or Surname												
Inventor's Signature								Date				
Residence: City	State			Country			Citizenship					
Post Office Address												
Post Office Address			····	т				<del></del>	·	<del></del>		
City		State			ZIP	IP (		Country				

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.